

NATIONAL Assessment Centre Services (not a policy) **SW0922480002**

| | | | |
|----------------------------------|--|-----------------------|---------|
| Date In: 11/04/2023 11:36 | Job description | Date & Time Completed | Done by |
| Ref No: NBA/SMO28003696 | SAS e-illing | | |
| Vehicle: GBF 8133S | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 10/04/2023 17:13 | 1-Motor Claim Form | | |
| QC TP: Reporting Only | 1-Motor W/O (within 24hrs, or 10hrs) | | |
| | 1-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax (Hand to Owner/Whar) | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: () Vehicle No: **GBL3874M** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Bst Status (WO): 10-0-20%, P: 21-70%, P: 90-100%)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks: ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: () (INC to Inc: 0708:0010)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: ()

Date: () Time: ()

Action: ()

NA2801038

Customer's Particulars: ()

Owner: ()

Contact No: ()

Assigned Person: ()

Checked by (Engr-In-Charge): ()

Customer's Comments: ()

C.L. ()

L.S. ()

| Invoice Preparation Charges | | Ass't |
|--|--------|--------------|
| Item | Amount | Ass't |
| 1) AIC: Accident Reporting (\$350) | | |
| 2) DA: Damage Assessment (\$1000) | | INC (\$50) |
| 3) TP: Towing Fee (\$10/\$40) | | |
| 4) PT: Follow-Through Survey (\$120) | | |
| 5) PT: Follow-Through Survey (Resurvey) (\$30) | | |
| 6) TR: Reproduction (\$25) | | |
| 7) NI: New DA + SMPT Survey (\$140) | | |
| 8) NIUC Additional Fee (\$10) | | |
| 9) OIL | | |
| *NI: Courtesy Car / Trip Allowance | \$50 | |
| *NI: Repair Coordination | \$10 | |
| *NI: Post Repair Inspection | \$25 | |
| *NI: DV / Collect Excess Coordination | \$1 | |
| *TP (NI) + TP (Non-INC) applies INC | \$20 | |
| TP (NI) + TP (Non-INC) | 10 | |
| Invoice dated | | File Charged |
| Invoice valid | | File charged |



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

| | |
|---------------------------------|---|
| Date of Submission | 11/04/2023 11:36 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 10/04/2023 17:13 (SGT) |
| Exact Location of Accident | BKE, Singapore |
| Additional Location Information | TOWARDS WOODLANDS BEFORE MANDAI ROAD EXIT 7 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | GBF8133S |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | GATHERGATES SWITCHGEAR PTE. LTD. |
| Company Reg No | 2XXXXX049R |
| Email Address | hasnah.lani@gathergates.com |
| Mobile Phone No | (Phone) +65-65554441 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|--------------------|
| Manufacturer | Nissan |
| Model | Nv200 |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Employment |
| Are you claiming under your own insurance policy for repair to your vehicle? | Yes |
| Vehicle Category | Commercial vehicle |
| Transmission | Manual |
| CC | 1461 |

INSURANCE COMPANY

| | |
|-----------------------------------|-------------------------------------|
| Name of Insurance Company | Sompo Insurance Singapore Pte. Ltd. |
| Policy Number / Cover Note Number | D23MTPCV000001 |

DRIVER

| | |
|-----------------|--------------------|
| Name of Driver | CHINNASAMY PERUMAL |
| Passport No/FIN | GXXXX246R |
| Date Of Birth | 03/05/1985 |
| Occupation | Outdoor |



| | |
|--|-----------------------------|
| Date Of Driving Pass | 15/09/2014 |
| Driving experience | 8 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-94553544 |
| Alt. Phone Number | - |
| Email Address | hasnah.lani@gathergates.com |
| Address | 16 SENOKO DRIVE |
| Address complement | - |
| Postcode | 758203 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------|--------------------------|
| Type of Accident | Collision - Head to Rear |
| Weather Conditions | Raining |
| Road Surface | Wet |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |
| Translator's name | - |
| Translator's ID | - |
| Translator's phone number | - |
| Translator's email | - |
| Original language used in the statement | - |

PASSENGER 1

| | |
|--------|---------------------|
| Name | KARAPPAIAH RAKAPPAN |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| Vehicle Registration Number | GBL3874M |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|----------------------|
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | KUAN CHOW SIONG |
| NRIC No | SXXXX197B |
| Contact Number | (Phone) +65-81630223 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

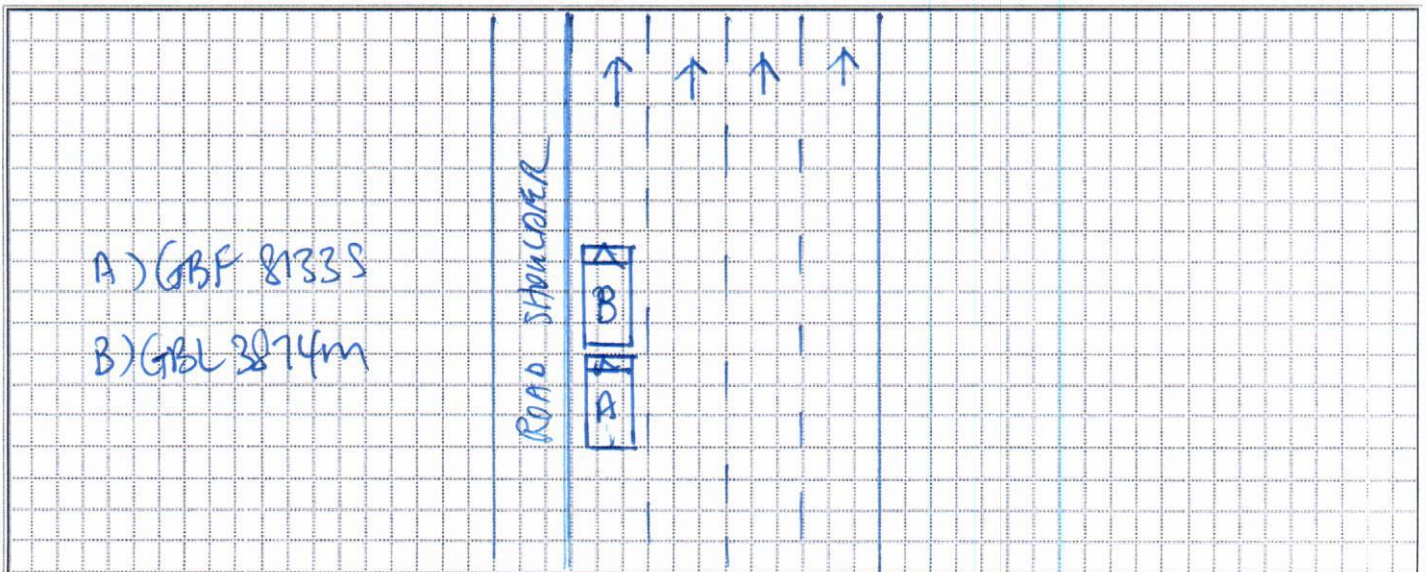
e. Pennu

Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Carver
11/04/2023

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

ON 10/04/2023 AT ABOUT 17:13HRS I WAS TRAVELLING
ALONG BKE TOWARDS WOODLANDS AND JUST BEFORE
MANDAI ROAD EXIT 7. IT WAS HEAVY ROAD TRAFFIC
WAS MODERATE. THE LORRY GBL 3814M JAM BRAKE
AND I ALSO BRAKE BUT DUE TO ROAD SURFACE
GBF8133S
WAS WET MY VAN A - COULD NOT STOP ON TIME
AND HIT THE REAR OF THE LORRY

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

C. Penner.

Actual Driver's Signature (if driver is not the policyholder)
/ Date & Time

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

11/04/2023

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 04 / 2022) (DD/MM/YYYY), TIME: (17 : 13) (HH:MM)

LOCATION: BKE B/F MANDAL EXIT 7

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBF 8133S
 b) INSURANCE COMPANY: SEMPO
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: GATHAR GATHAR SWITH GATHAR (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: A200205049R CONTACT: 94513544
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 16-0000000-0000000 CONTACT: 94513544
 c) ADDRESS: 16-0000000-0000000

d) DATE OF BIRTH: (03 / 05 / 1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) 15/09/2014

f) DATE OF DRIVING PASS 15/09/2014

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBL 3874M MODEL:
 b) DRIVER'S NAME: KUAN CHOW HONG
 c) NRIC/FIN/PASSPORT: S141197B CONTACT: 81630223

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
 b) DRIVER'S NAME: CONTACT:
 c) NRIC/FIN/PASSPORT: CONTACT:

email: hachan.lani@GATHARGATHAR.COM
 VIDEO

Certificate of Insurance**ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
ROAD TRANSPORT ACT 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)**

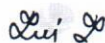
- Cert No./Policy No.** : D23MTPCVE000001
1. Registration No. : GBF8133S - Item No. 1
2. Insured Name : GATHERGATES SWITCHGEAR PTE. LTD.
3. Commencement Date : 01 JANUARY 2023 00:00
4. Expiry Date : 31 DECEMBER 2024 23:59
5. Coverage : Market value at time of loss - Comprehensive
6. Excess : \$600 - Section I
7. Persons or Classes of Persons entitled to drive*
b) Any person who is driving on the Insured's order or with their permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.
8. Limitations as to use*
1) Use in connection with the Insured's business.
2) Use for the carriage of passengers (other than for hire or reward) in connection with the policyholder's business
3) Use for social, domestic or pleasure purposes.
The Policy does not cover
1) Use for hire or reward or racing, pacemaking, reliability trial or speed-testing.
2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
9. ExcelDrive Workshops & Accident Reporting
It is a condition precedent to liability that the Policyholder shall, together with the Motor Vehicle, call at the Company's Accident Reporting Center and report the accident within 24 hours of the accident or by the next working day thereof.

It is compulsory to have the accident repairs to the insured vehicle carried out at ExcelDrive Workshops, otherwise claim is not payable.
In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline : (65) 6461 6555

Visit www.sompo.com.sg for list of ExcelDrive Workshops and Accident Reporting Centers.

I/We HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Sompo Insurance Singapore Pte. Ltd.



Date/Time of Issue : 24 AUGUST 2022 14:10

**Limitation rendered inoperative by section 8 of the Motor Vehicles(Third-Party Risks and Compensation)Act (Chapter 189 and section 95 of the Road Transport Act,1987(Malaysia). are not to be Included under these headings.*

IMPORTANT NOTICE

- Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.
- Insureds are further warned that on the sale of a motor vehicle or if for any reason the Insurance is terminated during its currency, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189)
- The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.
- Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an Individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
- Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy

Intermediary Code & Name : 11K08804 & KYORITSU INSURANCE BROKERS (SINGAPORE) PTE. LTD. CI Code: 20D JQDHPY444KDDLFAW

11th April 2023

TO: **Whom It May Concern,**

Dear Sir/Madam,

RE: **LETTER OF AUTHORISATION**

Please kindly assist Mr Chinnasamy Perumal, G6960246R to file an accident report for Vehicle no. GBF8133S on behalf of Gathergates Switchgear Pte Ltd.

Thank-you.

Yours truly,



Hasnah MOHD LANI
Admin Executive

